

Presbyterian Weekday Nursery School  
**REGISTRATION**

Fill out the form and mail it or bring it to the school along with the registration fee.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Beeper/Cell \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Circle one:      Boy          Girl

Class:            Three year olds  
                      Four & Five year olds

Session preferred:  
                      Morning    Afternoon    Either

Amount enclosed: \$ \_\_\_\_\_

Please send this pre-enrollment form with registration fee to:  
   Presbyterian Weekday Nursery School  
   P.O. Box 744  
   Mishawaka, Indiana 46546  
   Phone: 574-259-7874

Website: [www.fpcmishawaka.org](http://www.fpcmishawaka.org)

Upon receipt of this form, we will send medical forms and further enrollment information.

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For office use only  
Date received \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

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